

SLE LAB TESTS / PROCEDURES STUDY - PATIENT CASE RECORD FORM

Please provide lab tests/procedures information for the previously reported patient indicated below for the following periods of study:

- Period 1: At the start of belimumab treatment
 Period 2: After belimumab initiation through 6 months post-belimumab initiation
 Period 3: From 6 to 12 months post-belimumab initiation

MD OFFICE ID #: «OFFICE_ID» (MDA ASSIGNED) **PATIENT ID #:** «PATIENT_ID»

PATIENT GENDER: «SEX» **PATIENT ETHNICITY:** «ETHNICITY» **BELIMUMAB START DATE:** «BEL_STRT»

1. Please indicate which of the following tests were conducted between SLE diagnosis and initiation of belimumab treatment, and/or subsequent to belimumab initiation. If test was performed more than once prior to belimumab initiation, please report the most current prior to belimumab induction in the first date column and any retesting following belimumab initiation in the second date column in the table below.

Test Types	Test Date	Result	Reference Range	Assessment	Test Date	Result	Reference Range	Assessment
Immunology Tests:								
A. Anti-nuclear antibody (ANA)	___ / ___ / ____	_____	_____	<input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive	___ / ___ / ____	_____	_____	<input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive
B. Anti dsDNA test	___ / ___ / ____	_____	_____	<input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive	___ / ___ / ____	_____	_____	<input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive
C. Anti-Sm antibody	___ / ___ / ____	_____	_____	<input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive	___ / ___ / ____	_____	_____	<input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive
Anti-phospholipid (APL) antibody Tests								
D. Lupus anticoagulant (LAC)	___ / ___ / ____	➔	➔	<input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive	___ / ___ / ____	➔	➔	<input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive
E. Anti-cardiolipin (ACL) antibodies	___ / ___ / ____	(GPL) _____ (MPL) _____ (APL) _____	_____	<input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive <input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive <input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive	___ / ___ / ____	(GPL) _____ (MPL) _____ (APL) _____	_____	<input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive <input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive <input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive
F. Anti-β2 - glycoprotein I antibodies	___ / ___ / ____	(GPL) _____ (MPL) _____ (APL) _____	_____	<input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive <input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive <input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive	___ / ___ / ____	(GPL) _____ (MPL) _____ (APL) _____	_____	<input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive <input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive <input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive

CONTINUE TO PERIOD #1 ON NEXT PAGE.

PERIOD #1: Baseline Lab Tests/Procedures Conducted AT START of Belimumab Treatment («BEL_STRT»)

1. This section pertains to baseline lab tests/procedures conducted **AT OR JUST PRIOR TO THE START** of belimumab treatment, meaning the **most recent tests conducted prior to or at the belimumab start date indicated above.**

Test Types	Tests Conducted	Test Dates	Test Results	Test Assessments
Hematology Tests:				
G. White blood cell count (WBC)	<input type="checkbox"/> ₂ No <input type="checkbox"/> ₁ Yes →	___ / ___ / ___	_____ x 10 ⁹ /L	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
H. Hemoglobin (Hgb)	<input type="checkbox"/> ₂ No <input type="checkbox"/> ₁ Yes →	___ / ___ / ___	_____ . ____ g/dL	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
I. Platelet count	<input type="checkbox"/> ₂ No <input type="checkbox"/> ₁ Yes →	___ / ___ / ___	_____ x 10 ⁹ /L	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
J. Erythrocyte sedimentation rate (ESR)	<input type="checkbox"/> ₂ No <input type="checkbox"/> ₁ Yes →	___ / ___ / ___	_____ mm/hr	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
K. C-reactive Protein (CRP)	<input type="checkbox"/> ₂ No <input type="checkbox"/> ₁ Yes →	___ / ___ / ___	_____ mg/L	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
Renal Function Tests:				
L. Serum creatinine (SCr)	<input type="checkbox"/> ₂ No <input type="checkbox"/> ₁ Yes →	___ / ___ / ___	_____ . ____ mg/dL	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
M. Spot urine protein-to-creatinine ratio	<input type="checkbox"/> ₂ No <input type="checkbox"/> ₁ Yes →	___ / ___ / ___	_____ . ____ mg/mg	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
N. 24-hr urine collection (total protein)	<input type="checkbox"/> ₂ No <input type="checkbox"/> ₁ Yes →	___ / ___ / ___	_____ . ____ mg/24-hrs	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
Liver Function Tests:				
O. Aspartate aminotransferase (AST)	<input type="checkbox"/> ₂ No <input type="checkbox"/> ₁ Yes →	___ / ___ / ___	_____ IU/L	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
P. Alanine aminotransferase (ALT)	<input type="checkbox"/> ₂ No <input type="checkbox"/> ₁ Yes →	___ / ___ / ___	_____ IU/L	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
Complement Tests:				
Q. C3 complement	<input type="checkbox"/> ₂ No <input type="checkbox"/> ₁ Yes →	___ / ___ / ___	_____ mg/dL	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
R. C4 complement	<input type="checkbox"/> ₂ No <input type="checkbox"/> ₁ Yes →	___ / ___ / ___	_____ mg/dL	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
Other Tests (specify below):				
	Reference Range	Test Dates	Test Results	Test Assessments
_____	_____ →	___ / ___ / ___	_____ _____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
_____	_____ →	___ / ___ / ___	_____ _____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
_____	_____ →	___ / ___ / ___	_____ _____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal

CONTINUE TO PERIOD #2 ON NEXT PAGE.

PERIOD #2 : SLE LAB TESTS / PROCEDURES CONDUCTED FROM «BEL_STRT1» TO «J563_END_06»

2. This section pertains only to lab tests/procedures conducted **SUBSEQUENT TO THE START of belimumab treatment through 6-MONTHS** post-belimumab initiation (see date range indicated above).

HEMATOLOGY TESTS	TEST DATE: / /		TEST DATE: / /		TEST DATE: / /		TEST DATE: / /	
	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
White blood cell count (WBC) [x10 ⁹ /L]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
Hemoglobin (Hgb) [g/dL]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
Platelet count [x10 ⁹ /L]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
Erythrocyte sedimentation rate (ESR) [mm/hr]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
C-reactive Protein (CRP) [mg/L]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
RENAL FUNCTION	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
Serum creatinine (SCr) [mg/dL]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
Spot urine protein-to-creatinine ratio [mg/mg]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
24-hour urine collection (tot. protein) [mg/24-hr]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
LIVER FUNCTION	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
Aspartate aminotransferase (AST) [IU/L]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
Alanine aminotransferase (ALT) [IU/L]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal

COMPLEMENT	TEST DATE: / /		TEST DATE: / /		TEST DATE: / /		TEST DATE: / /	
	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
C3 complement [mg/dL]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
C4 complement [mg/dL]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal

IMMUNOLOGIC	TEST DATE: / /		TEST DATE: / /		TEST DATE: / /		TEST DATE: / /	
	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
Anti dsDNA test [IU/mL]	_____	<input type="checkbox"/> ₁ Positive <input type="checkbox"/> ₂ Negative	_____	<input type="checkbox"/> ₁ Positive <input type="checkbox"/> ₂ Negative	_____	<input type="checkbox"/> ₁ Positive <input type="checkbox"/> ₂ Negative	_____	<input type="checkbox"/> ₁ Positive <input type="checkbox"/> ₂ Negative

OTHER TESTS : (specify test and unit below)	TEST DATE: / /		TEST DATE: / /		TEST DATE: / /		TEST DATE: / /	
	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
_____ []	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
_____ []	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
_____ []	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal

- IF ADDITIONAL TEST DATES TO REPORT FOR PERIOD #2, CONTINUE ON NEXT PAGE.
- IF NO ADDITIONAL TEST DATES TO REPORT IN PERIOD #2, SKIP TO PERIOD #3 ON PAGE 5.

PERIOD #2 (CONTINUED): SLE LAB TESTS / PROCEDURES CONDUCTED FROM «BEL_STRT1» TO «J563_END_06»

HEMATOLOGY TESTS	TEST DATE: / /		TEST DATE: / /		TEST DATE: / /		TEST DATE: / /	
	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
White blood cell count (WBC) [x10 ⁹ /L]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Hemoglobin (Hgb) [g/dL]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Platelet count [x10 ⁹ /L]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Erythrocyte sedimentation rate (ESR) [mm/hr]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
C-reactive Protein (CRP) [mg/L]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
RENAL FUNCTION	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
Serum creatinine (SCr) [mg/dL]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Spot urine protein-to-creatinine ratio [mg/mg]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
24-hour urine collection (tot. protein) [mg/24-hr]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
LIVER FUNCTION	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
Aspartate aminotransferase (AST) [IU/L]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Alanine aminotransferase (ALT) [IU/L]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

COMPLEMENT	TEST DATE: / /		TEST DATE: / /		TEST DATE: / /		TEST DATE: / /	
	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
C3 complement [mg/dL]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
C4 complement [mg/dL]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

IMMUNOLOGIC	TEST DATE: / /		TEST DATE: / /		TEST DATE: / /		TEST DATE: / /	
	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
Anti dsDNA test [IU/mL]	_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative

OTHER TESTS : (specify test and unit below)	TEST DATE: / /		TEST DATE: / /		TEST DATE: / /		TEST DATE: / /	
	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
_____ []	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
_____ []	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
_____ []	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

CONTINUE TO PERIOD #3 ON NEXT PAGE.

PERIOD #3: SLE LAB TESTS / PROCEDURES CONDUCTED FROM «J563_START_612» TO «J563_END_612»

3. This section pertains only to lab tests/procedures conducted **FROM 6-MONTHS TO 12-MONTHS** post-belimumab initiation (see date range indicated above).

HEMATOLOGY TESTS	TEST DATE: / /		TEST DATE: / /		TEST DATE: / /		TEST DATE: / /	
	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
White blood cell count (WBC) [x10 ⁹ /L]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
Hemoglobin (Hgb) [g/dL]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
Platelet count [x10 ⁹ /L]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
Erythrocyte sedimentation rate (ESR) [mm/hr]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
C-reactive Protein (CRP) [mg/L]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
RENAL FUNCTION	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
Serum creatinine (SCr) [mg/dL]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
Spot urine protein-to-creatinine ratio [mg/mg]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
24-hour urine collection (tot. protein) [mg/24-hr]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
LIVER FUNCTION	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
Aspartate aminotransferase (AST) [IU/L]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
Alanine aminotransferase (ALT) [IU/L]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal

COMPLEMENT	TEST DATE: / /		TEST DATE: / /		TEST DATE: / /		TEST DATE: / /	
	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
C3 complement [mg/dL]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
C4 complement [mg/dL]	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal

IMMUNOLOGIC	TEST DATE: / /		TEST DATE: / /		TEST DATE: / /		TEST DATE: / /	
	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
Anti dsDNA test [IU/mL]	_____	<input type="checkbox"/> ₁ Positive <input type="checkbox"/> ₂ Negative	_____	<input type="checkbox"/> ₁ Positive <input type="checkbox"/> ₂ Negative	_____	<input type="checkbox"/> ₁ Positive <input type="checkbox"/> ₂ Negative	_____	<input type="checkbox"/> ₁ Positive <input type="checkbox"/> ₂ Negative

OTHER TESTS : (specify test and unit below)	TEST DATE: / /		TEST DATE: / /		TEST DATE: / /		TEST DATE: / /	
	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
_____ []	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
_____ []	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal
_____ []	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal	_____	<input type="checkbox"/> ₁ Normal <input type="checkbox"/> ₂ Abnormal

- IF ADDITIONAL TEST DATES TO REPORT FOR PERIOD #3, CONTINUE ON NEXT PAGE.
- IF NO ADDITIONAL TEST DATES TO REPORT IN PERIOD #3, END OF THIS PATIENT CRF.

PERIOD #3 (CONTINUED): SLE LAB TESTS / PROCEDURES CONDUCTED FROM «J563_START_612» TO «J563_END_612»

HEMATOLOGY TESTS	TEST DATE: / /		TEST DATE: / /		TEST DATE: / /		TEST DATE: / /	
	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
White blood cell count (WBC) [x10 ⁹ /L]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Hemoglobin (Hgb) [g/dL]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Platelet count [x10 ⁹ /L]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Erythrocyte sedimentation rate (ESR) [mm/hr]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
C-reactive Protein (CRP) [mg/L]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
RENAL FUNCTION	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
Serum creatinine (SCr) [mg/dL]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Spot urine protein-to-creatinine ratio [mg/mg]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
24-hour urine collection (tot. protein) [mg/24-hr]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
LIVER FUNCTION	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
Aspartate aminotransferase (AST) [IU/L]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Alanine aminotransferase (ALT) [IU/L]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

COMPLEMENT	TEST DATE: / /		TEST DATE: / /		TEST DATE: / /		TEST DATE: / /	
	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
C3 complement [mg/dL]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
C4 complement [mg/dL]	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

IMMUNOLOGIC	TEST DATE: / /		TEST DATE: / /		TEST DATE: / /		TEST DATE: / /	
	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
Anti dsDNA test [IU/mL]	_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative

OTHER TESTS : (specify test and unit below)	TEST DATE: / /		TEST DATE: / /		TEST DATE: / /		TEST DATE: / /	
	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT	RESULTS	ASSESSMENT
_____ []	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
_____ []	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
_____ []	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

**END OF THIS PATIENT CRF.
PLEASE COMPLETE THE REMAINING PATIENT CRFS.**